EXHIBIT 1



Martin J. Kelly, M.D.

ASSOCIATE PROFESSOR OF PSYCHIATRY



December 21, 2020

Rachel Reingold Mandel, Esq Alex Shaw, Esq Ogletree, Deakins, Nash, Smoak, & Stewart 1 Boston Place, Suite 3500 Boston, MA 02108

RE: Lisa Menninger v. PPD Development, L.P.

Dear Attorneys Mandel and Shaw:

At your request I have conducted a psychiatric consultation concerning Dr. Lisa Menninger and that she suffers from certain psychiatric conditions as a result of the actions of her employer, PPD Development, LP, including failure to provide reasonable accommodation for Social Anxiety Disorder and as a consequence Major Depressive Disorder.

The consultation has included extended psychiatric interview on December 9 of Dr. Menninger conducted via Zoom as well as a review of the following documents:

- 1. The deposition of Lisa Menninger dated March 5, 2020.
- 2. Expert report of Paul Summergrad, MD--October 22, 2020.
- 3. Review of records of Marianna Kessimian M.D.
- 4. Review of the records of Dr. Alicia Burbano.
- 5. Review of Lisa Menninger's Accommodation Requirements of PPD.
- 6. Review of the records of Dr. Michael Everson.
- 7. Review of various legal documents including answers to interrogatories.
- 8. Review of PPD statement and exhibits.
- 9. Review of the Social Security Administration application by Lisa Menninger.
- 10. Review of documents from Unum Insurance Company.
- 11. Job Description Executive Director of Global Laboratories, PPD

Lisa Menninger is a 52-year-old (DOB: 08/27/68) married pathologist who is suing a former employer, PPD Development, claiming that she was illegally denied reasonable accommodations for a mental health condition, specifically Social Anxiety Disorder (Social Phobia). She presented a report from a psychiatrist specifying the required accommodations in late January 2018. After consideration by the vice president of the company to whom she reported and human resources at the company,

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determined that though they could accommodate some of the requirements, several others were incompatible with essential duties of her position. [See Job Description above]

In late February 2018 she was offered a severance package or continuing for a time as a temporary consultant. She declined to accept these offers. For the next several months, she continued to work remotely from Massachusetts for the Kentucky based company. In June 2018, she asserts that she developed a Major Depressive Disorder and went out on medical disability. Both conditions are subjects of her litigation against the company.

BACKGROUND

Lisa Menninger M.D. is a pathologist who was hired by commercial medical laboratory, PPD Development L.P. (PPD), headquartered in Highland Heights, Kentucky as Executive Director of Global Central Labs in the late summer 2015. In addition to the headquarters facility in Kentucky, she was also to be responsible for laboratories in Belgium, China and Singapore. At the time she was hired she did not disclose any potentially disabling conditions and did not mention any mental health conditions that might interfere with her ability to perform her responsibilities.

In mid -2016-2017, after about 18 months working on the job in Kentucky, she became concerned about her daughter's treatment at a local school and began discussions about the possibility of working remotely with Hacene Mekerri (Hacene), the vice president to whom she reported. He was open to considering the option as she pursued alternative schooling for her daughter.

In early 2017, she found a private school in Providence RI for her daughter and in the summer of 2017, bought a house on Providence/Massachusetts border. Throughout that fall she mostly worked remotely, though on two occasions briefly returned to Kentucky, the company headquarters, staying a few days for meetings contractually required by customers of the company. These meeting were without incident or problems by her. She also apparently had an uneventful visit in December to the laboratory in Belgium for a similarly contractual meeting.

In mid-December, Hacene was conducting her review by telephone and had solicited input from people with whom she worked in company. The input was mostly positive though certain questions and company plans going forward were discussed.

After the telephone conversation with Hacene in mid-December, Dr. Menninger began investigating the concept of accommodations for psychiatric conditions. She concluded that she had Social Anxiety Disorder/Social Phobia and that she was entitled to disability accommodations.

In early January she had hired a lawyer and had several conversations via telephone with Hacene that she secretly recorded. For the first time, possible accommodations

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by the company for anxiety were raised. On January 22, 2018, she consulted a psychiatrist in Providence, Dr. Marianna Kessimian. On this first visit, a highly specified accommodation plan was formulated and sent by Dr. Kessimian to PPD on January 30.

By February 2nd, an in-person meeting had been scheduled for February 28th in Kentucky with Hacene and human resource officials of the company to discuss the accommodations she and her doctor felt were necessary.

At that meeting, she was informed that though they could accommodate some of her requests, other requests were essentially incompatible with the leadership duties as Executive Director of the Global Laboratories. Her requirements in effect included that she not be required to attend face-to-face meetings with laboratory staff, clients/customers or technical sales presentations and only provide her input remotely via emails, telephone availability or through "surrogates" or "readers". They offered her an exit financial package or a possible role as a temporary consultant. She refused the offers and requested that they continue to discuss her continuing in her position. She was very upset, surprised and tearful at their decision.

She was continued to work remotely for the next several months. In June she went on psychiatric disability which continued until at least February 2019 when her employment ended. She continued to live in the Providence area and to see Dr. Kessimian through December 2018, when she relocated to New Mexico. In March 2019 she began seeing a psychiatrist in New Mexico and had nine visits either directly or virtually until July 31, 2020. A variety of medications were prescribed by both doctors without any significant decrease in her complaints. In the spring 2020 she moved to Oregon where members of her family live.

Available personal history available in the records reviewed included her educational background. She received undergraduate education at five different colleges and eventually went to medical school at Saba University School of Medicine on Saba Island in the Caribbean. After completing medical school, she worked as a pathologist initially in a hospital health system and later at an independent clinical lab. She is married and has a daughter who is now approximately 12. It appears that her husband had not been gainfully employed for several years and has been primarily involved in childcare and supporting their daughter.

She had seen a psychiatrist in April 2011 who diagnosed GAD [Generalized Anxiety Disorder] and Social Anxiety and prescribed Valium as needed for public speaking situations. There was a brief (18 minute) follow-up in November 2012, 18 months later. Her third and last visit was in July 2015.

At that visit he noted "she has been using the Valium PRN [as needed]. She has a lot of stress at work. She will move for a new job. She has been off the Celexa about one year or more. She does not use the Valium much - except for presentations". He did

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not suggest or recommend any workplace accommodations.

She officially began at PPD on August 31, 2015. There is no evidence in the records reviewed that at any point earlier in her life in undergraduate education, medical school, residency or prior employment that she required any substantial accommodations for a psychiatric disability.

Psychiatric interview:

The interview was conducted via Zoom and lasted approximately two hours and 20 minutes. It began with a review of the circumstances and conditions of the evaluation. Dr. Menninger was informed that it was an independent medical evaluation taking place at the request of attorneys for her former employer she was suing. She was also informed that no doctor-patient relationship existed between us and thus no confidentiality or privilege covered our discussion and that elements might come out in reports, depositions, or trial testimony should that occur. It was mentioned that if there were any areas that she did not wish to talk about or that her attorney had advised her not to discuss, they would be respected. In my opinion she had a reasonable understanding of the nature of the psychiatric interview prior to participating.

She appeared somewhat older than her stated age and was dressed in very casual clothing - a fleece over a plain T-shirt. Her graying hair was roughly pulled back away from her face. She was encouraged to provide her history in a narrative fashion rather than in the style of a deposition or interrogation which for the most part she did. She tended to be overinclusive of details and related them in a rather flat and matter-of-fact tone. There was a very limited range of motion displayed during the interview. There was no observable evidence of anxiety nor did she complain of it during the session. The overall sense was one of discouragement and resignation about her current situation.

Her formal cognitive functions were intact including an above average intelligence, good fund of information, excellent memory for historical details and good capacity for attention and concentration. Her capacity to sequence her thoughts and logically follow cognitive trends was intact. She displayed no evidence of bizarre or unusual ideas or hallucinations or delusions. There was, however, a tendency towards somewhat concrete thinking and a difficulty with insight and the capacity to see broader perspectives and to see the viewpoints of others.

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OPINION:

Dr. Menninger is claiming that she suffers from a significant psychiatric disorder, specifically Social Anxiety Disorder/Social Phobia and in addition also a Major Depressive Disorder. She asserts that she developed the Major Depressive Disorder several months after the company informed her that the accommodations she said she now required were incompatible with the leadership position of Executive Director of laboratories. It appears that she is now claiming that she is totally and permanently disabled because of the inappropriate and compensable decisions of the company.

These two conditions will be addressed separately.

Social Anxiety Disorder (Social Phobia):

Social Anxiety Disorder (Social Phobia) is a recognized mental health disorder. However, it is important to note throughout Lisa Menninger's educational and professional career there has been no evidence that this disorder *substantially* limited any of her major life activities including her functioning as student, employee or medical professional. Rather, her claim arises under the circumstance of a discussion her professional activities with the company vice president to whom she reported a few months after she started working remotely in Massachusetts for the Kentucky based company.

The accommodation issue has originated from her own research into anxiety disorders in December 2017. Subsequently she hired a lawyer and began secretly recording telephone conversations with her boss. The accommodation requirements were generated after a single appointment with a psychiatrist and promptly sent to the company in late January 2018.

It is my view that it is unlikely that she has Social Anxiety Disorder (Social Phobia). Significantly, though she may have had some anxiety states in certain speaking presentations as many individuals do, they did not rise to the level that qualifies for this specific psychiatric diagnosis, namely a *substantial disturbance in a major area of life activities*, *e.g. work*. Notwithstanding, even if one were to accept that she did have a Social Anxiety Disorder, it never generated a request for, or required, any accommodations prior to 2018. Notably, she did not claim that she had any problem with the essential job functions at PPD prior to January 2018, two and a half years after she was hired.

Also, her emotion distress/symptoms after February 2018 are not those Social Anxiety Disorder (Social Phobia) for which she wanted accommodations.

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Major Depressive Disorder:

With regard to the claim of Major Depressive Disorder, it is my view that that diagnosis also is not warranted. Though it is very clear that she was very surprised, depressed and distressed by the company's personnel decision with regard to accommodations, this is quite understandable and obviously in reaction to their assessment that the accommodations she required were incompatible with the position of Executive Director of Global Central Labs at PPD.

The term Major Depressive Disorder can be confusing. The term "Major" is *not for the magnitude* of the individual's self-perceived distress to a life event but rather the diagnostic term generally reserved for a discrete biologically based psychiatric condition stemming from dysregulation of the chemicals that control mood. As such it tends to have genetic components, i.e., tends to run in families. It typically comes on in early adulthood and characteristically there are subsequently recurrent depressive episodes throughout adulthood. The dysregulations of the chemicals that control mood are very often effectively treated with other chemicals, namely antidepressant medications. In this case there is no evidence in the records that Lisa Menninger had any prior depressive episodes or a discrete depressive disorder prior to age 50. Thus, though it is understandable that she was very distressed or "depressed "at the company assessment, that is not a true mental disease or a so-called Major Depressive Disorder. Though she had been initially prescribed antidepressant medications in January 2018 by Dr. Kessimian and later by others, there has never been any obvious clinical improvement.

In summary, on the basis of the psychiatric interview and records reviewed, it is my view that it is unlikely that Dr. Lisa Menninger had Social Anxiety Disorder (Social Phobia) or, if she did, its impact was relatively minor and was not reflected in any significant or obvious disruptions in her work, school or professional *functioning* prior to her employment at PPD. Critically, there was also no evidence of this condition had substantially impaired her work performance in the first two and half years at PPD.

Relative to the issue of Major Depressive Disorder, it is clear that Dr. Menninger was shocked, surprised and very distressed with the company's conclusion that the accommodations she was requiring were incompatible with the nature of the job of Executive Director of Global Laboratories. This, however, is best understood as such her emotional reaction to their business decision, a reality life event, not a disease, and not the condition ordinarily referred as Major Depressive Disorder. Also, it should not be regarded as a worsening of the condition of Social Anxiety Disorder (Social Phobia).

Finally, with regard to the question of whether she is permanently and totally disabled, it is my opinion that she does not have or has had any mental disease or disorder that would prevent her from functioning at the levels that she had in the past, if she were motivated to do so. Even if one were to accept that she has Social Anxiety

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Disorder, she had been able to carry out the duties at the company. It was only after she requested substantial changes in her responsibilities that they were faced with making relevant personnel decisions.

Thank you for requesting my opinion in this matter.

Sincerely,

Martin J. Kelly, M.D.

NB: This opinion is of course focused on the specific conditions claimed by Dr. Menninger and her expert. Some elements of her history and self-reports as well as clinical observations during the interview in my mind raise the possibility of a condition in the spectrum of developmental issues.

MARTIN J. KELLY, M.D.

Boylston Consultation Center 1051 Beacon Street Suite 203 B Brookline, MA 02446

Brigham and Women's Hospital Department of Psychiatry 75 Francis Street Boston, MA 02115

321 Hammond Pond Pkwy, Chestnut Hill, MA 02467 **Home Address:**

Date of Birth: **December 23, 1939 Boston, Massachusetts** Place of Birth:

EDUCATION AND TRAINING

Education:

1961 **B.S. Biology Boston College**

1965 M.D. **Tufts University School of Medicine**

POSTDOCTORAL TRAINING:

Internships and Residencies:

1965-66 Intern St. Elizabeth's Hospital, Boston 1966-68 **Resident in Psychiatry** Massachusetts Mental Health Center, **Boston** 1968-69 **Chief Resident in Psychiatry** Massachusetts Mental Health Center,

Boston

LICENSURE AND CERTIFICATION:

1966	Massachusetts Medical Licensure	Registration No. 29423
1972	American Board of Psychiatry and No	eurology, in Psychiatry
1974	Qualified Forensic Psychiatrist, Commonwealth of Massachusetts	
1994-2004	American Board of Psychiatry and No Forensic Psychiatry	eurology, Added Qualifications in
1996	Coast Guard License - Master Near C 100 Gross Tons, U.S.	Coastal Auxiliary and Sail Vessels

National Provider Identifier No. 1255322426

PROFESSIONAL APPOINTMENTS

Academic Appointments:		
1966-69	Teaching Fellow in Psychiatry	Harvard Medical School
1969-70	Instructor in Psychiatry	Tufts University School of Medicine
1970	Clinical Instructor in Psychiatry	Harvard Medical School
1970-73	Instructor in Psychiatry	Peter Bent Brigham Hospital, Harvard Medical School
1973-80	Assistant Professor of Psychiatry	Peter Bent Brigham Hospital, Harvard Medical School
1980-82	Assistant Professor of Psychiatry	Brigham & Women's Hospital, Harvard Medical School
1982-	Associate Professor of Psychiatry	Harvard Medical School
Hospital Appo	intments:	
1969-70	Senior Psychiatrist	Adolescent Unit, Boston State Hospital
1970-73	Senior Associate in Medicine (Psychiatry)	Peter Bent Brigham Hospital
1973-80	Physician, Department of Medicine	Peter Bent Brigham Hospital
1980-1999	Senior Physician, Department of Medicine	Brigham and Women's Hospital
1970-	Psychiatrist, Department of Psychiatry	Brigham and Women's Hospital
1976-77	Active Staff	Dana-Farber Cancer Institute
1977-2007	Consulting Staff	Dana-Farber Cancer Institute

OTHER PROFESSIONAL POSITIONS, MAJOR VISITING APPOINTMENTS AND RELEVANT COMMUNITY SERVICE:

1972-82 Lecturer, Graduate School of Social Boston College Work

1975-85	Lecturer in Psychiatry	Boston University School of Medicine
1978	Visiting Lecturer, Consultation- Liaison Psychiatry	George Washington University School of Medicine
2006	Lecturer	Northeastern University School of Law

CONSULTANT TO:

Board of Registration in Medicine, Division of Youth Services, Department of Public Welfare, Commonwealth of Massachusetts

Massachusetts Board of Bar Overseers

District Attorneys' Offices in Barnstable, Berkshire, Bristol, Essex, Franklin Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk Counties

Massachusetts Defenders Committee and Committee for Public Counsel Services

Boston Adoption Bureau

Federal and Superior Courts in Massachusetts

U.S. Attorney Offices in Massachusetts, New Hampshire, Virginia, New York, Connecticut, and Rhode Island

Massachusetts Federal Defenders Committee

Joint Underwriters Association/Promutual Medical Malpractice Group

Risk Management Foundation of the Harvard Medical Institutions

Attorney General, Commonwealth of Massachusetts

AWARDS AND HONORS:

1986	Fellow, American Psychiatric Association
1995	Nominee, Mentorship Award, Harvard Medical School
2001	Life Fellow, American Psychiatric Association
2003	Distinguished Life Fellow, American Psychiatric Association

2007 Lifetime Achievement Award, Department of Psychiatry, Harvard Medical School and Brigham and Women's Hospital

SERVICE ASSIGNMENTS

Principal Hospital/Health Care System Service Responsibilities:

1970-73	Assistant Director, Division of Psychiatry	Peter Bent Brigham Hospital
1971-72	Director, Drug Abuse Consultation Unit, Division of Psychiatry	Peter Bent Brigham Hospital
1973-80	Associate Director, Division of Psychiatry	Peter Bent Brigham Hospital
1980-89	Associate Director, Division of Psychiatry	Brigham and Women's Hospital
1980-87	Psychiatrist, Acute Rehabilitation Service	Brigham and Women's Hospital
1989-90	Acting Director, Division of Psychiatry	Brigham and Women's Hospital

MAJOR COMMITTEE ASSIGNMENTS:

National and Regional

1971-73	Coordinating Committee on Drug Abuse	City of Boston
1980-82	Governor's Special Commission on Probate and Family Court Procedures Relating to Divorce, Child Custody, and Family Violence - Subcommittee on Mediation	Commonwealth of Massachusetts
1983-86	Homelessness Project, Advisory Committee	Massachusetts Association for Mental Health
1991-1999	Task Force on Medicaid Fraud and Abuse	Attorney General's Office Commonwealth of Massachusetts

Harvard Medical School

1977-92	Committee on Core Clinical Clerkships and Electives	Department of Psychiatry
1977-79	Subcommittee of the Committee on Admissions, Member	
	Subcommittee of the Committee on	

1979-85 Admissions, Chairman

MAJOR COMMITTEE ASSIGNMENTS:

Harvard Medical School (continued)

1979-85	Committee on Admissions, Member	
1985-87	Psychiatry Clerkship Committee, Chairman	New Pathway Project
1985-87	Experiences in Patient Care Committee, Member	New Pathway Project
1986-92	Planning Committee, Member	Psychopathology & Introduction to Clinical Psychiatry
1991-94	Committee on Planning, Member	Harvard Longwood Residency Training Program
1992-94	Training Committee, Member	Harvard Longwood Residency Training Program
1992-2003	Curriculum Committee, Member	Harvard Longwood Residency Training Program
1993-2007	Social Systems in Psychiatry Committee	Harvard Longwood Residency Training Program

Brigham and Women's Hospital

1974-80	Human Subjects Committee
1980-92	Employee Assistance Committee
1980-92	Major Trauma Committee
1980-87	Acute Rehabilitation Unit Steering Committee
1989-2007	Heart Transplant Program
1990-1996	Lung Transplantation Program
1995-2002	Ventures Committee, Department of Psychiatry

MAJOR ADMINISTRATIVE RESPONSIBITIES:

1970-73	Assistant Director in the Division of Psychiatry, Department of Medicine	Peter Bent Brigham Hospital
1973-80	Associate Director in the Division of Psychiatry, Department of Medicine	Peter Bent Brigham Hospital
1980-89	Associate Director of Division of Psychiatry, Department of Medicine	Brigham and Women's Hospital
1989-90	Acting Director in the Division of Psychiatry, Department of Medicine	Brigham and Women's Hospital
1992-	Principal, Boylston Consultation Center	Brookline, Massachusetts

PROFESSIONAL SOCIETY INVOLVEMENT:

Memberships, Offices and Committee Assignments in Professional Societies:

American Psychiatric Association

1968-	Member
1986	Fellow
2001	Life Fellow
2003	Distinguished Life Fellow

Massachusetts Psychiatric Society

1968-	Member
1974-77	Private Practice Committee, Chairman
1975-92	Committee of Psychiatric Residency Training Directors
1975-78	Insurance Committee
1979-92	Legislative Committee
1979-85	Councilor
1990-2000	Society Representative to Massachusetts Medical Society
1994-2003	Ethics Committee
1997-2003	Ethics Committee, Chairman

Memberships, Offices and Committee Assignments in Professional Societies (continued):

Massachusetts Medical Society

1969-	Member
1976-77	Section of Psychiatry and Neurology, Secretary
1977-79	Section of Psychiatry and Neurology, Vice Chairman
1978-85	Legislative Committee
1979-92	Blue Cross Blue Shield Liaison Committee
1980-84	Section of Psychiatry, Chairman
1980-90	Interspecialty Committee, Representative for Psychiatry
1984-90	Councilor for Psychiatry
1990-1991	Consultant in Psychiatry Interspecialty Committee
1991-2000	Interspecialty Committee, Psychiatry, Member-at-large,
1991-1995	Councilor Representing Psychiatry
1995-2000	Delegate Representing Psychiatry
1997-2000	Compassionate Care Committee

Massachusetts Association for Mental Health

1976-	Member
1976-85	Professional Advisory Committee
1980-85	Professional Advisory Committee, Chairman
1983-86	Advisory Committee for Homeless Project, Member
1980-	Board of Directors

American Psychosomatic Society

1972- Member

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Memberships, Offices and Committee Assignments in Professional Societies (continued):

American Association of General Hospital Psychiatrists

1979-1990 Member

Association of General Psychiatrists

1987-1995 Member

Royal Society of Medicine, London

1988-92 Associate

American Academy of Psychiatry and the Law

1989- Member

Boston Society of Neurology and Psychiatry

1989- Member

Professional Journals Peer Reviewer

New England Journal of Medicine

General Hospital Psychiatry

Psychosomatic Medicine

Journal of Neuropsychiatry and Clinical Neurosciences

Bibliography

Original Reports

- 1. Kelly MJ. Comprehensive long term treatment of a schizophrenic adolescent. Psychiatric Opinion 1970;7:36-41.
- 2. Schiff LF, Kelly MJ, Kris AO. Participatory consultation: enhancing a comprehensive treatment service for adolescents. Mass J Mental Health 1971;11:36-42.
- 3. Reich, P, Kelly MJ. Suicide attempts by hospitalized medical and surgical patients. N Engl J Med 1976;294:298-301.
- 4. Brown HN, Kelly MJ. Stages of bone marrow transplantation: a psychiatric perspective. Psychosom Med 1976;38:439-46.
- 5. Reich P, Lazarus JM, Kelly MJ, Rogers MP. Factitious feculent urine in an adolescent boy. JAMA 1977;238:420-21.
- 6. Weinberger DR, Kelly MJ. Catatonia and malignant syndrome: a possible complication of neuroleptic administration. J. Nerv Ment Dis 1977;165:263-68.
- 7. Schlauch RW, Reich P, Kelly MJ. Leaving the hospital against medical advice. N Eng J Med 1980;300:22-24.
- 8. Altman JH, Reich P, Kelly MJ, Rogers MP. Patients who read their hospital charts. N Engl J Med 1980;302:169-71.
- 9. Rogers MP. Reich P, Kelly MJ, Liang MH. Psychiatric consultation among hospitalized arthritis patients. Gen Hosp Psychiat 1980;2:89-94.
- 10. Chinman, C, Kelly, MJ, Borus, J. Teaching Residents the Reality of Current Mental Health Care. Harvard Rev Psychiatry 2002;10:56-58

Reviews

- 1. Kelly MJ. Who me--a sexist? Editorial. N Engl J Med 1973;288:317-18.
- 2. Kelly MJ. Book Review. Croog SH, Levine S. The heart patient recovers (social and psychological factors). New York: Human Sciences Press, 1977. Psychosom Med 1978; 40:641-42.
- 3. Kelly MJ. Antianxiety drugs: benzodiazepines. Hospital Formulary 979;14:227-28.

- 4. Kelly MJ. Book Review. Schneider J. Stress, loss and grief: understanding their origins and growth potential. Baltimore: University Park Press, 1984. N Engl J Med 1984;311:545.
- 5. Kelly MJ. Book Review. Greben S. Loves labor: twenty-five years of experience in the practice of psychotherapy. New York: Schocken Books, 1984. N Engl J Med 311:1645-46.
- 6. Kelly MJ. Book Review. Derogatis LR, Wise TV. Anxiety and depressive disorders in the medical patient. Washington, D.C. American Psychiatric Press, 1989. N Engl J Med 320:1089-90.
- 7. Kelly MJ. Book Review. Brown GW, Harris TO. Life events and illness. New York:Guilford Press, 1989. N Engl J Med 1990;322:276.
- 8. Kelly MJ. Book Review. Andersen AE. Males with eating disorders. New York:Brunner/Mazel, 1990. N Engl J Med 1991;324:202.
- 9. Kelly MJ. Strategies for Diagnosing and Treating Depression. Boston:Brigham and Women's Hospital, 1991; Medical Update 3:8:1-5.
- 10. Kelly MJ. Suicide assessment in the emergency department. Boston: Risk Management Foundation of the Harvard Medical Institutions, 1993; Forum 14:6:5-6.
- 11. Kelly, MJ. Book Review. Toward an Integrated Medicine: Classics from Psychosomatic Medicine 1959-1979. Washington, D. C. American Psychiatric Press, Inc. 1995.

Books

- 1. Reich P, Kelly MJ. Introduction to the mental disorders. In: Wintrobe MM, et al, eds. Harrison's Principles of Internal Medicine, 7th ed. New York: McGraw-Hill, 1974:1871-75.
- 2. Reich P, Kelly MJ. The neuroses. In: Wintrobe MM, et al, eds. Harrison's Principles of Internal Medicine, 7th ed. New York: McGraw-Hill, 1974:1875-85.
- 3. Reich P, Kelly MJ. Introduction to the mental disorders. In: Thorn GW, et al, eds. Harrison's Principles of Internal Medicine, 8th Edition. New York: McGraw-Hill, 1977: 1944-48.
- 4. Reich P, Kelly MJ. The neuroses. In: Thorn GW, et al, eds. Harrison's Principles of Internal Medicine, 8th ed. New York: McGraw-Hill, 1977:1948-55.

- 5. Kelly MJ, Reich P. Psychiatric Preparation of the Surgical Patient. In: Vandam LD, ed. To make the patient ready for anesthesia: medical care of the surgical patient. Reading, Mass: Addison-Wesley, 1980:218-35.
- 6. Kelly MJ, Reich P. Psychiatric Preparation of the Surgical Patient. In: Vandam LD, ed. To make the patient ready for anesthesia: medical care of the surgical patient. Reading, Mass: Addison-Wesley, 1984:224-41.
- 7. Kelly, MJ. Psychosis and depression. In: Braunwald E and Rose BD. Intensive review of Internal Medicine. Boston, Mass: Harvard Medical School, 1993:470-75.
- 8. Kelly MJ, Rogers MP. Neuropsychiatric Aspects of Systemic Lupus Erythematosus. In: Stoudemire A and Fogel BS. Medical- Psychiatric Practice. Washington, D.C.: American Psychiatric Press, 1995:183-214.
- 9. Rogers MP, Kelly MJ. Psychiatric aspects of systemic lupus. In: Schur, PH ed. The clinical management of systemic lupus erythematosus, 2nd ed. Philadelphia: Lippincott- aven Publishers, 1996:155-73.
- 10. Kelly MJ, Mufson MJ, Rogers MP. Medical Settings and Suicide. In: Jacobs DG ed. Guide to Suicide Assessment and Intervention, 1st ed. San Francisco: Jossey-Blass Publishers, 1999:491-519.

Martin J. Kelly, M.D.

Case List: 2016 – 2019

Testimony at Trial, Deposition and Hearing

Martin J. Kelly, M.D. -- 2016 Case List Summary

Testimony at trial, Hearing and Deposition

CASE TESTIMONY	<u>COURT</u>	RETAIND BY
Comm v. R. Concepcion	Suffolk Superior	District Attorney
Comm. v. C. James	R.I. Superior Newport	District Attorney
Re: K Campbell	US District Court Hearing	Defendant
Re: J. Potter	West Roxbury District Court Hearing	District Attorney
P. Glenn v. Stewart et al	Hampden Superior Ct. Deposition	Defendant
U.S. v. W. Knaggs	US District Ct. Springfield Hearing	US Attorney
Comm v. G. Batista	Essex Superior	District Attorney
Comm. v. C. Jackson	Suffolk Superior Court	District Attorney

Martin J. Kelly, M.D. -- 2017 Case List Summary

CASE TESTIMONY	COURT	RETAIND BY
Comm. v. John Reddy	Salem District	District Attorney
R.I. v. C. Lepore	R.I. Superior Warwick	R.I. Attorney Gen
U.S. v. D. Wright	US District Court Boston	U.S. Attorney
R.I. v. D. Allison	R.I. Superior Ct. Providence	R.I. Attorney Gen
Comm. v. A. Loya	Cape and Islands Superior	District Attorney
Comm. v. M. Purpura	Suffolk Superior Court	District Attorney

Martin J. Kelly, M.D. -- 2018 Case List Summary

<u>CASE</u> <u>TESTIMONY</u>	<u>COURT</u>	<u>RETAIND BY</u>
Comm. v. Yvonne Lewis	Suffolk Superior Boston	Defendant
Comm. v.	Suffolk Superior	District Attorney
Leanor Flores Comm v.	Boston Essex District	District Attorney
M. Rodriques	Salem	District Treesiney
Comm. v. Chr.	Cape and Islands Barnstable	District Attorney

Martin J. Kelly, M.D. -- 2019 Case List Summary <u>Testimony at trial, Hearing and Deposition</u>

CASE	<u>COURT</u>	Retained by	TESTIMONY
Comm. v. Juan Manana- Rodriques	Essex Superior	Prosecution	Trial
Comm v. Wilson-Lopez	Essex Superior	Prosecution	Hearing
Scott Bergantino. v. Cranston RI	R.I .Superior	Defendant	Deposition

To whom it may concern:

My fee is \$600 per hour for all Forensic professional activities including trial testimony, depositions, examinations, conferences and reports.

Martin J Kelly M.D.